



# The LBL Group

Voluntary Long Term Care Insurance for:  
the City of Long Beach

## Mission Statement

To enhance the "*Quality of Life*" for those we serve

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Larry Lambert  
& Associates  
CA#0561829

LBL Insurance  
Services, Inc.  
CA#0561829

LBL Insurance  
Enrollment Services  
CA#0561829

ElderCare Insurance  
Services, Inc.  
CA#0C66743

# City of Long Beach

## Voluntary Long Term Care Insurance

### Summary of Benefits

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**Provides financial help** if you need care at home or in a long term care facility (nursing home) as a result of a loss of functional capacity or cognitive impairment.

A **loss of functional capacity** means requiring assistance with any **two or more of the six activities of daily living**, which include **eating, bathing, dressing, toileting, continence, and transferring**. Or **cognitive impairment**, which includes **Alzheimer's disease, dementia, or senility**. Requiring assistance can result from an injury, sickness, or because of advanced age.

#### **The Basic Plan**

Includes \$1000 monthly for a Nursing Facility.

**Nursing Facility** (base plan) is paid from a 3-year reserve.

**Optional Home Care** is paid up to 6 years.

#### **Additional Buy Up Options**

1. You can increase Nursing Facility benefits in units of \$1000 up to \$6000 monthly, which increases home care benefit in units of \$500 up to \$3000 monthly. (Professional Home Care extends benefits for care provided by a Home Care Agency.)
2. 5% Compound Inflation Protection

#### **Elimination Period (deductible)**

**60 days** once per lifetime. Can be satisfied in two ways.

1. Nursing Facility, consecutive
2. Home care, one professional home care visit per calendar week equals seven days in a nursing facility or any combination.

#### **Lifetime Maximum**

\$36,000 per unit (before inflation protection).

Example:     \$3000 monthly equals \$109,500  
                  \$4000 monthly equals \$144,000  
                  \$5000 monthly equals \$180,000  
                  \$6000 monthly equals \$216,000

**Qualifying for Coverage**

During the initial enrollment period benefit eligible employees are guaranteed up to \$4,000 of monthly coverage.

Additional coverage and enrollment at future dates is medically underwritten. Spouses, parents, grandparents, in-laws, and in-laws' parents can apply, but are medically underwritten.

**Premium Payments**

Employees and spouses are payroll deduction. Parents and other family members are invoiced to their home.

**Pre-Existing Conditions Limitation**

Applies to employees only, who join during guaranteed issue open enrollment. 6 month waiting period for pre-existing conditions.

A pre-existing condition is any medical problem that has been treated or medication taken during the immediate 6 months prior to the plan start date.

**Waiver of Premium**

Premium payments are waived while on claim

**Return of Premium**

Premiums are refunded to the estate if benefits are not used and death occurs.

Age 65 or less	100%
66	90%
67	80%
(decreasing scale of 10% per year)	

**Tax Treatment**

Benefits are received Income Tax Free up to \$6,300 per month.

**Portable**

Plan goes with you when you terminate or retire.

**Enrollment**

Review materials.

Choose plan and level of benefits.

Complete Benefit Election Form.

Submit to Human Resources Department.

Any Questions?

Contact: Dennis P. Sunderman, CSA

Vice President, Senior Services

The LBL Group

California License #0561829

(714) 236-8270 or (800) 451-8037

# Basic Plan Components

## Nursing Facility

\$6,000
\$5,000
\$4,000
\$3,000

\$6,000/month benefit  
X 3 years = \$216,000

\$5,000/month benefit  
X 3 years = \$180,000

\$4,000/month benefit  
X 3 years = \$144,000

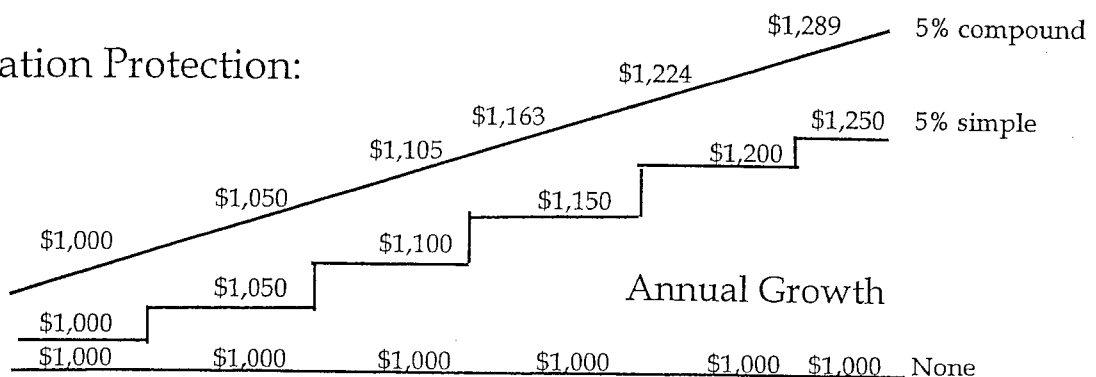
\$3,000/month benefit  
X 3 years = \$109,500

## Home Care

\$3,000
\$2,500
\$2,000
\$1,500

## Optional Inflation Protection:

Example \$1,000  
Monthly Benefit



# Why is Planning so Important?

Fact: 20% of all claims are for people under age 65.  
80% are for people over age 65.

Fact: The risk of entering a nursing facility above age 65 is:  
Women 1 in 2  
Men 1 in 3

Fact: Half of nursing home stays are less than 100 days.  
10% are longer than 5 years.  
The average stay equals 2.9 years.

State Published Average (California):  
\$149 daily or \$4,477 monthly (cost of care)  
X 2.9 years (average claim)  
Exceeds \$155,799

Home Health Aids:  
\$20 per hour  
4 hour minimum  
\$80 per shift  
X 180 days = \$14,400  
X 365 days = \$29,200  
X 18 months = \$43,800

## Depending on Caregivers

Fact: Spouse may not be alive or capable of providing care.

Fact: Children may not live close enough to provide care.

## Health Insurance

Fact: Does not cover long-term care.

## Medicare

Fact: Does not cover long-term care.

## Medi-Cal

Fact: Requires limited countable assets to qualify and does not cover home care.

## Long Term Care Insurance

Fact: Provides dollars for care.

Fact: Protects retirement assets.



# LONG TERM CARE

## Rate Sheet CITY OF LONG BEACH

### BASE PLAN

Facility Monthly Benefit \$1,000  
Facility Benefit Duration 3 YEARS  
Lifetime Maximum \$36,000  
Elimination Period 60 DAY  
Return of Premium REDUCTION

### OPTIONS

Home Monthly Benefit \$500  
Home Benefit 50%  
Home Care Level PROFESSIONAL  
Inflation Protection COMPOUND

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Monthly Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Monthly Premium}$$

### Monthly Rates

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
		BASE PLAN WITH PROFESSIONAL HOME CARE	BASE PLAN WITH COMPOUND INFLAT	BASE PLAN WITH PROFESSIONAL HOME CARE COMPOUND INFLAT
AGE	BASE PLAN	OPTION	OPTION	OPTIONS
18-30	1.80	3.00	6.60	9.40
31	1.80	3.00	6.70	9.50
32	1.80	3.00	6.80	9.70
33	2.00	3.10	7.10	10.00
34	2.00	3.20	7.20	10.20
35	2.10	3.40	7.60	10.70
36	2.10	3.40	7.80	11.00
37	2.20	3.60	8.00	11.20
38	2.30	3.80	8.30	11.60
39	2.50	4.00	8.60	12.00
40	2.60	4.10	8.90	12.30
41	2.70	4.30	9.20	12.80
42	2.90	4.50	9.60	13.20
43	3.00	4.70	9.80	13.60
44	3.10	4.90	10.20	14.10
45	3.40	5.20	10.60	14.60
46	3.50	5.40	10.90	15.00
47	3.70	5.70	11.30	15.30
48	4.00	6.00	11.80	15.80
49	4.20	6.20	12.30	16.30
50	4.50	6.60	12.70	16.70
51	4.90	7.00	13.30	17.40
52	5.20	7.40	13.90	17.90
53	5.50	7.70	14.30	18.30
54	5.90	8.10	14.90	18.90
55	6.40	8.70	15.90	19.80
56	6.90	9.20	16.80	20.60
57	7.50	9.80	17.50	21.40
58	8.10	10.40	18.60	22.40
59	8.80	11.10	19.40	23.20



**LONG TERM CARE**

*Rate Sheet*  
**CITY OF LONG BEACH**

**BASE PLAN**

Facility Monthly Benefit **\$1,000**  
 Facility Benefit Duration **3 YEARS**  
 Lifetime Maximum **\$36,000**  
 Elimination Period **60 DAY**  
 Return of Premium **REDUCTION**

**OPTIONS**

Home Monthly Benefit **\$500**  
 Home Benefit **50%**  
 Home Care Level **PROFESSIONAL**  
 Inflation Protection **COMPOUND**

*This rate sheet shows the cost per \$1,000 of coverage*

**Calculate your Premium:**

$$\frac{\text{Monthly Rate for plan chosen}}{\text{Facility Monthly Benefit Amount}} \times \$1,000 = \text{Monthly Premium}$$

**Monthly Rates**

	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>
		<b>BASE PLAN WITH PROFESSIONAL HOME CARE OPTION</b>	<b>BASE PLAN WITH COMPOUND INFLAT OPTION</b>	<b>BASE PLAN WITH PROFESSIONAL HOME CARE COMPOUND INFLAT OPTIONS</b>
<b>AGE</b>	<b>BASE PLAN</b>			
60	9.60	11.90	20.50	24.10
61	10.50	12.80	22.00	25.60
62	11.60	14.00	23.70	27.30
63	12.70	15.10	25.30	28.80
64	14.10	16.40	27.20	30.70
65	16.30	18.70	30.70	34.10
66	18.20	20.60	33.40	36.90
67	20.40	23.00	36.50	40.10
68	22.70	25.40	39.50	43.30
69	25.30	28.10	43.10	47.00
70	27.90	30.80	46.10	50.00
71	31.20	34.20	50.60	54.80
72	34.70	37.90	55.20	59.50
73	38.70	42.10	60.00	64.50
74	43.00	46.50	65.40	69.90
75	52.00	56.00	77.40	82.70
76	57.30	61.50	84.20	89.60
77	63.10	67.40	90.90	96.40
78	69.40	74.00	98.60	104.30
79	76.40	81.10	106.20	112.10
80	84.20	89.10	115.30	121.40
81	93.00	98.20	125.50	131.90
82	103.40	108.90	137.50	144.20
83	114.40	120.20	149.90	157.00
84	126.30	132.50	162.90	170.20